



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,  
SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS  
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MARRIAGE AND FAMILY THERAPIST  
PRACTICUM/INTERNSHIP - MISSING OR DECEASED SUPERVISOR AFFIDAVIT  
FORM C

**INSTRUCTIONS:** Please type or print clearly. **NO FAXED FORMS ACCEPTED.**

**APPLICANTS:**

- Make every effort to locate the supervisor/s/instructor/s of record as necessary to document the required Practicum/Internship Experience.
- You may show your diligence with returned mail, copies of letters, verifications from your academic institution, etc.
- If, however, after a diligent search you are unable to locate the supervisor/s, you may attest to undocumented supervision of Practicum/Internship by taking the oath below.
- The Board may require additional information upon review.

OATH

Under penalty of perjury, as provided in the Official Code of Georgia Annotated, I hereby aver and swear that I was unsuccessful, after I made a diligent effort, to locate:

Name of Supervisor: \_\_\_\_\_

who served as my Practicum/Internship Supervisor in the practice of Marriage and Family Therapy

during the period of : \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

and during that period he/she was licensed as a:  Marriage and Family Therapist  
 Professional Counselor  
 Clinical Social Worker  
 Psychologist  
 Psychiatrist

License Number: \_\_\_\_\_ In the State of : \_\_\_\_\_

During that period he/she was:  
(check one)  AAMFT Approved Supervisor or Supervisor in Training  GA Board Approved Supervisor

I have attached copies of letters and/or returned mail that demonstrates my attempt/s to reach this supervisor.

\_\_\_\_\_  
Date Signature of Applicant

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

NOTARY SEAL